

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Daniel		04-23-01
O.I.P.E. CLASSIFIER	SP		5/24-01
FORMALITY REVIEW	SS	555	6/19/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/1
2	✓	✓	8/1
3	✓	✓	8/1
4	✓	✓	8/1
5	✓	✓	8/1
6	✓	✓	8/1
7	✓	✓	8/1
8	✓	✓	8/1
9	✓	✓	8/1
10	✓	✓	8/1
11	✓	✓	8/1
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48	✓	✓	8/1
49	✓	✓	8/1
50	✓	✓	8/1

Claim	Final	Original	Date
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Claim	Final	Original	Date
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3523 U.S. PTO  
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APPLICANT  
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TITLE APPLICANTS

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WARNING:  
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Form PTO-436A  
 (Rev. 6/99)

If more than 150 claims or 10 actions  
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